Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/30/2010</u>	Address:	<u>LOG L</u> ICK RUN RD.	
Case #:	<u>42F31062</u>		NORTII OF 8.R. 156	
County:	<u>SWITZERLAND</u>		<u>VEVAY, IN 47</u> 04 <u>3</u>	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): ONE POT REACTIONS				
Red Phosphorous/Iodine Reaction(s):				
☐ Planmable Solvents: _				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
	· · ·			
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services		☐ Ephodrine ☐ Rotail/Me	Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:PROPERTY OWNER	
This report is to be faxed to the following agencies that serve the location:				
	ment: V.V.F.D.	Fax: E-MA	<u></u>	
Health Department: S.C.H.D.		Fax: <u>E-MAIL</u> Fax:		
Child Protec	etion Service:	rax		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: HOWARD AYERS Phone 317.234.4591				

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.